



NOAA DIVING PROGRAM ANNUAL MEDICAL STATUS REPORT

TO THE APPLICANT – PLEASE PRINT CLEARLY

1. Last Name	First Name	Middle Name	2. Date of Birth	3. Age
4. Work Address	a. Work Number:		5. Diving Unit	
	b. Cell:			
	c. E-mail:			
6. Statement of present health.		7. Height: <div style="text-align: right;">inches</div>	8. Weight <div style="text-align: right;">pounds</div>	9. Sex
10. List current medications and dosage (note new medications and any dosage changes)			11. Allergies (list all)	

12. PAST/CURRENT MEDICAL HISTORY (In the past year, have you had any of the following) Check ALL items yes or no as appropriate. Explain any yes item that has changed since you last submitted a medical history form to the NOAA Dive Center. If no change, indicate such. A physician's signature is NOT required.

	Yes	No		Yes	No
Ear trouble including ruptured ear drum, difficulty equalizing, or surgery			Anatomical heart abnormalities including patent foramen ovale, valve problems, etc.		
Decompression sickness, embolism, or other diving malady or injury			Depression, anxiety, claustrophobia, any other psychiatric disorder		
Any treatment in a decompression chamber			Collapsed lung		
Loss of consciousness for any cause			Asthma or breathing problems		
Epilepsy, convulsions, seizures, fits			Other lung diseases		
Stroke or any neurologic deficit			Tuberculosis or positive TB test		
Recurring neurologic disorders including transient ischemic attacks			Exposed to a person with tuberculosis or have persistent cough or sweats		
Aneurysms or bleeding in the brain			Pregnancy		
Trouble with dizziness			Surgery of any kind		
Head injury			Hospitalization for any reason		
Disorders of the blood or easy bleeding			Smoke (if yes, what type and how much)		
Heart disease or high cholesterol			Drink alcoholic beverages (how much)		
High or low blood sugar			Family history of high cholesterol		
Heart rhythm problems			Substance abuse		
Need for a pacemaker			Use of illegal substances		
Problems with blood flow to the heart			Thyroid trouble		
Difficulty with exercise			Bone, joint, or other deformity		
High blood pressure			Any weight gain or loss of 10 pounds or more		

13. Explain in detail any "yes" answers to the questions above.

14. I certify that the above answers and information represent a true, accurate, and complete description of my medical history.

Printed Name of Diver	Signature	Date
NOAA Dive Center Reviewer	Title	Signature
		Date